

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 8-30-01, 10-29-01 and 12-10-01.
- b. During a phone conversation with Provider dated 3-6-03, it was clarified that all medications had been paid except for the Amitriptyline for date of service 12-10-01.
- c. The request was received on 6-24-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. TWCC 66cs
 - c. Letter from Compliance and Practices dated 5-14-02.
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
3. The Commission requested two copies of additional information via a Fee Letter (MR 116) that was mailed to the Requestor on 7-12-02. No additional information was noted in the dispute packet from the Provider. No Carrier sign sheet was noted in the dispute packet. The Respondent's three (3) day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Position statement taken from the Table of Disputed Services.
"These claims have been submitted in a timely manner and several times since then and we have yet to receive any Correspondence [sic] in regards to them."
2. Respondent: Position statement taken from the Table of Disputed Services.
"Carrier will pay audited amount."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 12-10-01 (Amitriptyline 50 mg Tablets).
2. No EOBs were noted in the dispute packet. However, on the Carrier's response it was noted, "Carrier will pay audited amount".
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB	MARS	REFERENCE	RATIONALE:
12-10-01	Amitriptyline 50 mg Tablets (30)	\$32.42	\$-0-	No EOB	No Mar	MFG: Pharmaceutical Fee Guideline (I), (II)	No EOBs were noted in the dispute packet. The Carrier indicated on the table of disputed services that the audited amount would be paid. Therefore, reimbursement is recommended in the amount of \$32.42.
Totals		\$32.42	\$-0-				The Requestor is entitled to reimbursement in the amount of \$32.42 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$32.42** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of March 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll